OASES™

Overall Assessment of the
Speaker's Experience of **Speaking Ability**

Adaptation of the OASES for Adults Who Do Not Stutter

OASES-SA-A
Response Form
Adult: Ages 18 and Above

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Name: _____

Birth Date: _____/_____/_____ Age: _____ Sex/Gender: _____

Test Date: _____/_____/_____ ID Number: _____

General Instructions:

This form includes four sections of questions that examine different aspects of your experiences with speaking. Please complete each question in each section by circling the appropriate number. Please think about how you are *currently* feeling or speaking when answering each question. Some of the questions do not apply to everyone. If one of the questions does not apply to you, please check ❑ N/A for "Not Applicable" and go on to the next question.

Scoring: For Office Use Only

Instructions for Clinicians:

- Calculate Impact Scores for each of the four sections on the OASES-SA-A by first summing the number of points in each section (A) and then counting the number of items completed in each section (B). Divide the total number of points (A) by the number of items completed (B) to obtain the Impact Score.
- Calculate the Overall Impact Score by summing the numbers in columns (A) and (B) at the bottom of each column. Divide the sum of (A) by the sum of (B) to obtain the Overall Impact Score.
- Impact Scores range between 1.0 and 5.0. Circle the Impact Rating that corresponds to the score for each section and for the Overall Impact.

	Impact Score			Impact Rating				
	A Points	B Items Completed	A ÷ B = Impact Score	Score 1.00–1.49	Score 1.50–2.24	Score 2.25–2.99	Score 3.00–3.74	Score 3.75–5.00
Section I: General Information	_____ ÷	_____ =	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section II: Speaker's Reactions	_____ ÷	_____ =	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section III: Daily Communication	_____ ÷	_____ =	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section IV: Quality of Life	_____ ÷	_____ =	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
OVERALL Impact:	_____ ÷	_____ =	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe

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844-4 STUTTER (844-478-8883)
www.StutteringTherapyResources.com

Section I: General Information

For each item in this section, circle the number that applies to you. Please think about how you are *currently* feeling or speaking when answering each question. If a question does not apply to you, please check ❑ N/A for "Not Applicable" and move on to the next question.

A.	General information about your speech	Always	Frequently	Sometimes	Rarely	Never
1.	How often are you able to speak fluently (smoothly)?	1	2	3	4	5
2.	How often does your speech sound "natural" to you (that is, like the speech of other people)?	1	2	3	4	5
3.	How consistently are you able to speak fluently (smoothly) from day to day?	1	2	3	4	5
4.	How often do you use techniques or strategies you learned in speech therapy? ❑ N/A	1	2	3	4	5
5.	How often do you say *exactly* what you want to say, even if you might have difficulty speaking?	1	2	3	4	5

B.	How *knowledgeable* are you about…?	Extremely	Very	Somewhat	A Little	Not At All
6.	speaking in general	1	2	3	4	5
7.	factors that affect speaking ability	1	2	3	4	5
8.	what happens with your speech when you have difficulty speaking ❑ N/A	1	2	3	4	5
9.	treatment options for people who have difficulty speaking	1	2	3	4	5
10.	self-help or support groups for people who have difficulty speaking	1	2	3	4	5

C.	Overall, how do you *feel* about…?	Very Positively	Somewhat Positively	Neutral	Somewhat Negatively	Very Negatively
11.	your speaking ability	1	2	3	4	5
12.	your ability to communicate (that is, to get your message across regardless of your speaking ability)	1	2	3	4	5
13.	the way you sound when you speak	1	2	3	4	5
14.	techniques for speaking fluently (such as techniques you learned in therapy) ❑ N/A	1	2	3	4	5
15.	your ability to *use* techniques you learned in speech therapy ❑ N/A	1	2	3	4	5
16.	the speech therapy program you attended most recently ❑ N/A	1	2	3	4	5
17.	being a person who has difficulty speaking ❑ N/A	1	2	3	4	5
18.	being identified by other people as a person who has difficulty speaking ❑ N/A	1	2	3	4	5
19.	variations in your speaking ability in different situations	1	2	3	4	5
20.	self-help or support groups for people who have difficulty speaking	1	2	3	4	5

For Office Use Only **Section I:** **Total Points** (Max = 100, Min = 20 minus omitted or N/A): _____
Items Completed in Section I (20 minus omitted or N/A): _____

Section II: Your Reactions to Stuttering

For each item in this section, circle the number that applies to you. Please think about how you are *currently* feeling or speaking when answering each question.

A. When you think about your speaking ability, how often do you feel…?

		Never	Rarely	Sometimes	Often	Always
21.	helpless	1	2	3	4	5
22.	angry	1	2	3	4	5
23.	ashamed	1	2	3	4	5
24.	lonely	1	2	3	4	5
25.	anxious	1	2	3	4	5

		Never	Rarely	Sometimes	Often	Always
26.	depressed	1	2	3	4	5
27.	defensive	1	2	3	4	5
28.	embarrassed	1	2	3	4	5
29.	guilty	1	2	3	4	5
30.	frustrated	1	2	3	4	5

B.	How often do you…?	Never	Rarely	Sometimes	Often	Always
31.	experience physical tension when you have trouble speaking ❑ N/A	1	2	3	4	5
32.	experience physical tension when you *do not* have trouble speaking	1	2	3	4	5
33.	exhibit eye blinks, facial grimaces, arm movements, etc. when you speak ❑ N/A	1	2	3	4	5
34.	break eye contact or avoid looking at your listener when you speak	1	2	3	4	5
35.	avoid speaking in certain situations or to certain people	1	2	3	4	5
36.	leave a situation because you think you might have difficulty speaking	1	2	3	4	5
37.	not say what you want to say because you might have difficulty speaking (for example, avoid or substitute words or refuse to answer questions,)	1	2	3	4	5

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Section II continued…

	How often do you…?	Never	Rarely	Sometimes	Often	Always
38.	use filler words or starters (such as "um," clearing throat) or change something about your speech (such as use an accent) because you think you might have difficulty speaking	1	2	3	4	5
39.	experience a period of increased difficulty speaking in response to an instance of difficulty.	1	2	3	4	5
40.	let somebody else speak for you	1	2	3	4	5

C.	How much do you agree or disagree with the following statements?	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
41.	"I think about my speaking ability nearly all the time."	1	2	3	4	5
42.	"Other people's opinions about me are based primarily on how I speak."	1	2	3	4	5
43.	"If I did not have difficulty speaking, I would be better able to achieve my goals in life." ❑ N/A	1	2	3	4	5
44.	"I do not want people to know when I have difficulty speaking."	1	2	3	4	5
45.	"When I have difficulty speaking, there is nothing I can do to change it."	1	2	3	4	5
46.	"People should do everything they can to keep themselves from having difficulty speaking."	1	2	3	4	5
47.	"People who have difficulty speaking should not take jobs that require a lot of speaking."	1	2	3	4	5
48.	"I do not speak as well as most other people."	1	2	3	4	5
49.	"I cannot accept the fact that I may have difficulty speaking."	1	2	3	4	5
50.	"I do not have confidence in my abilities as a speaker."	1	2	3	4	5

For Office Use Only **Section II:** **Total Points** (Max = 150, Min = 30 minus omitted or N/A.): _____
Items Completed in Section II (30 minus omitted or N/A): _____

Section III: Communication in Daily Situations

In this section, indicate how **difficult** these situations are for you. Unless otherwise indicated, all questions refer to talking to other people in person, or "face-to-face." If a question does not apply to you, please check ❑ N/A for "Not Applicable" and move on to the next question.

A.	*In general*, how difficult is it for you to…?	Not at all Difficult	Not Very Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
51.	talk with another person one-on-one	1	2	3	4	5
52.	talk when you are in a hurry or under time pressure	1	2	3	4	5
53.	talk in front of a small group of people	1	2	3	4	5
54.	talk in front of a large group of people	1	2	3	4	5
55.	talk with friends or people you know well	1	2	3	4	5
56.	talk with strangers or people you do not know well	1	2	3	4	5
57.	talk on the telephone outside of work	1	2	3	4	5
58.	introduce yourself	1	2	3	4	5
59.	continue to speak regardless of how your listener responds	1	2	3	4	5
60.	stand up for yourself verbally (defend an opinion or challenge someone who cuts in front of you)	1	2	3	4	5

B.	*At work*, how difficult is it for you to…?	Not at all Difficult	Not Very Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
61.	use the telephone ❑ N/A	1	2	3	4	5
62.	give oral presentations ❑ N/A	1	2	3	4	5
63.	talk with co-workers ❑ N/A	1	2	3	4	5
64.	talk with customers or clients ❑ N/A	1	2	3	4	5
65.	talk with your supervisor or boss ❑ N/A	1	2	3	4	5

C.	*In social situations*, how difficult is it for you to…?	Not at all Difficult	Not Very Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
66.	participate in social events (for example, make "small talk" at parties)	1	2	3	4	5
67.	tell jokes or stories	1	2	3	4	5
68.	ask for information (such as directions)	1	2	3	4	5
69.	order food in a restaurant	1	2	3	4	5
70.	order food at a drive-thru	1	2	3	4	5

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Section III continued...

D.	At *home*, how difficult is it for you to...?		Not at all Difficult	Not Very Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
71.	use the telephone		1	2	3	4	5
72.	talk with your spouse/significant other	❑ N/A	1	2	3	4	5
73.	talk with your children or grandchildren	❑ N/A	1	2	3	4	5
74.	talk with other family members		1	2	3	4	5
75.	take part in family discussions		1	2	3	4	5

For Office Use Only Section III: **Total Points** (Max = 125, Min = 25 minus omitted or N/A): _____
Items Completed in Section III (25 minus omitted or N/A): _____

Section IV: Quality of Life

For each item in this section, circle the number that applies to you. Please think about how you are *currently* feeling or speaking when answering each question. If a question does not apply to you, please check ❑ N/A for "Not Applicable" and move on to the next question.

A.	How much is your overall *quality of life* negatively affected by...?	Not at all	A Little	Some	A Lot	Completely
76.	your speaking ability	1	2	3	4	5
77.	your reactions to your speaking ability	1	2	3	4	5
78.	other people's reactions to your speaking ability	1	2	3	4	5

B.	How much does your speaking ability *interfere with your satisfaction* with communication...?	Not at all	A Little	Some	A Lot	Completely
79.	in general	1	2	3	4	5
80.	at work ❑ N/A	1	2	3	4	5
81.	in social situations	1	2	3	4	5
82.	at home	1	2	3	4	5

C.	How much does your speaking abilty *interfere* with...?	Not at all	A Little	Some	A Lot	Completely
83.	your relationships with family	1	2	3	4	5
84.	your relationships with friends	1	2	3	4	5
85.	your relationships with other people	1	2	3	4	5
86.	your intimate or romantic relationships	1	2	3	4	5
87.	your ability to function in society	1	2	3	4	5

D.	How much does your speaking ability *interfere* with...?	Not at all	A Little	Some	A Lot	Completely
88.	your ability to do your job ❑ N/A	1	2	3	4	5
89.	your satisfaction with your job ❑ N/A	1	2	3	4	5
90.	your ability to advance in your career ❑ N/A	1	2	3	4	5
91.	your educational opportunities	1	2	3	4	5
92.	your ability to earn as much as you feel you should	1	2	3	4	5

E.	How much does your speaking ability *interfere* with...?	Not at all	A Little	Some	A Lot	Completely
93.	your sense of self-worth or self-esteem	1	2	3	4	5
94.	your outlook on life	1	2	3	4	5
95.	your confidence in yourself	1	2	3	4	5
96.	your enthusiasm for life	1	2	3	4	5
97.	your health and physical well-being	1	2	3	4	5
98.	your stamina or energy level	1	2	3	4	5
99.	your sense of control over your life	1	2	3	4	5
100.	your spiritual well-being	1	2	3	4	5

For Office Use Only Section IV: **Total Points** (Max = 125, Min = 25 minus omitted or N/A): _____
Items Completed in Section IV (25 minus omitted or N/A): _____

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